

Nurturing Potential: Family Acceptance, Management, AND Coping FOR A Brighter Future OF Children WITH Disabilities

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Abstract

Parents who have disabled children need to cope with and explore social support that satisfies their disabled children basic needs. The changes that occur are often collateral effects of the impaired child, as well as the anticipated or actual reactions from the family's neighbours. An inclusive literature search was conducted to identify supportive systems, including peer support, environmental support, and community support. This review emphasizes that families need to address important aspects of accepting primary caregiving responsibilities for impaired family members. Family care management and coping techniques reveal a range of patterns, encompassing crisis and grief reactions to acceptance reactions.

Keywords: Peer Support, Community Support, Support Networks, Environment Handicapped, and Trainer of Trainees.

INTRODUCTION

Families are functionally dynamic entities continually transitioning from equilibrium and stability to growth and development. Individuals and their families continually achieve harmony within the same framework. This equilibrium is severely disturbed by the birth of a child with developmental disabilities, and the family has a challenging existential encounter (Ab Wahab, 2022; Kandel & Merrick, 2003; Kandel et al., 2005). A few studies have stressed the practical crises experienced by parents of children with intellectual disabilities, noting that this crisis is accompanied by extreme psychological distress, disappointment, a

strong sense of loss, and lowered self-esteem (Kandel, 2003). The performance and social integration of children with handicaps are primarily dependent on the resilience of their families and their ability to overcome significant obstacles. The ability of families to prepare their children for anticipated real-world challenges is a significant determinant in the adult success of these children.

Compared to guardians of non-mentally challenged children, guardians of mentally handicapped children endure more significant stress levels. It is always a strain on the family to provide long-term care for disabled children. According to Anjali et al. (2017), the mother is the primary caregiver in the household. The 'great mothers' are characterized by their self-sacrifice and dedication in caring for the disabled and advocating for the successful treatment of children with handicaps (Kim and Hwang, 2019). This study investigates empirical data on disability independence and the role of a guardian as the main source of learning and behaviour modification in children with handicaps. The review utilized Google Scholar, Scopus, and Willey Online Library to search for the caregiver, guardian, independence, disability, and handicap.

The analysis revealed that child caregivers consist of moms, relatives, and siblings (Mora-Lopez et al., 2022). In the majority of studies, mothers are primary caregivers for children with handicaps because they are committed and focused on meeting their medical and material needs (de Labra et al., 2015; Egan et al., 2022; Irfan, Irfan, Ansari, Qidwai, & Nanji, 2017). In reality, the majority of guardians are financially independent women. Nevertheless, accepting disabled children by their parents and community presents obstacles. In managing children or family members with handicaps, a parent's inability to adapt to a new environment can result in pressure and caregiver burnout. Families' coping styles depend on various circumstances, including their support system, personality, education, financial condition, marital and familial ties, and the severity of the child's handicap.

LITERATURE REVIEW

The Trainer of Trainee

During the 1970s, society began to feel the significance of assisting parents in coping with handicaps (Barakat and Linney, 1995). In families with impairments, the work of therapists has been observed and implemented. When therapists analyze mental disorders within the family context, they recommend appropriate education for children with handicaps (Baum, 2007). Early identification of learning disorders helps lessen parental frustration when children have academic challenges

(Sadoo et al., 2022); Azman et al., 2021). On the other hand, entering puberty is difficult since teens are equally in a period of developmental dilemmas (Egger, 2021; Ericson, Stadskleiv, & Hesla, 2021). Parents are essential for helping handicapped children because they are the school's primary resource (Logsdon, 2021). They facilitate the work and parenting of children and prepare them for the needs of children with handicaps. In addition, guardians must guide the child's preparedness at school and the segregation operation as the child prepares to move into the home. In the majority of cases in which the father was a full-time worker, and the mother was a full-time housewife, the physical and mental functioning of children with impairments was substantially correlated with decreased periods of reduction and decreased functional activity.

In addition, children with developmental handicapped experience difficulties with learning skills and coping, especially in e-learning (Cataudella et al., 2021). According to Ishida, Okuno, Igarashi, and Takahashi's (2022) research, inadequate community support for guardians of children with developmental disorders, particularly dads, will have a detrimental effect on their resilience and satisfaction with their children. Care managers must be familiar with their routines and needs when properly checking and assessing children with special needs (Inevatkina, 2015). Care managers must have a balanced and desirable quality of life to make educated decisions about disability health services. According to Cambridge (1999), a more strategic activity plan can enhance the achievement of nursing managers in delivering suitable services and housing to disturbed children and meeting their requirements.

Families of handicapped students have identified the significance of integrated support (Hishinuma and Nishimura, 2000). The study results indicate that students with impairments have a specialized need for integrated and specialized services. The school's description includes critical procedures for integrated programming and extensive dialogue to meet the necessity of children with handicaps (Woodman-Worrell & Higgins, 2019). Most homemakers and single mothers raising children with handicaps were significantly affected by mental anguish (Masulani-Mwale, Kauye, Gladstone, & Mathanga, 2018), indicating a low socioeconomic status and the need for a small quantity of family support (Gemeinde, Rose & Andrew, 2010). It presents to the difficulty of the child-rearing (Miranda, Mira, Berenguer, Rosello, & Baixauli, 2019). If a woman was a single parent, lived in substandard housing, or had a kid with the autism spectrum disorder (ASD), she was more likely to report low support levels according to the majority of reviews (Alsabah & Vittrup, 2017; Sukeri, Bakar, Othman & Ibrahim, 2017).

In addition, Nawawi et al. (2020) assert that emotional atonement, parental sensitivity, and duty toward the child are highly contingent on the guardians' ability to comprehend and interpret children's behaviour, speech, nonverbal articulation, and non-verbal communication. Thus, through social association, handicapped children acquire the capability to comprehend the mental states of those around them (Howe, 2006). Appropriate teaching resources can significantly affect the student population's most important academic achievement: total life success. Early intervention and other practical teaching resources can exacerbate children's challenges. Early intervention can help students with vulnerabilities in successful instructional methods (Martin, 2008). The child's social successes are crucial to a good mother-child tie and relationship and contribute to the development of decency in impaired children. In addition, it improves a child's social standing, inner serenity, well-being, fulfilment, and happiness (Hassan et al., 2022; Halim et al., 2020; Islam et al., 2019).

Support Networks

The earlier intervention begins in the term of formal and informal support provided, the easier it will be for all family members to function throughout their life cycle (Azman et al., 2019). Social support is an external resource for coping with adversity. It relieves or prevents stress and meets the desires for affection, security, appreciation, and a sense of belonging. The support system helps the family on multiple levels, including alleviating distressing circumstances within the family for the duration of the family's existence, providing material and emotional incentives, including instrumental support, counselling, critical thinking and intervention, and structuring and maintaining a social interaction that supports the family and the handicapped child (Kandel & Merrick, 2007; Azman et al., 2020). This network helps families of children with developmental handicaps cope with loneliness and alienation. According to Laser (1995), the more extensive the network, the greater its ability to attenuate the impact of adverse life events on mood and depressive symptoms.

The support system is considered a multifaceted structure with official and casual components. The family and social networks function as a vast reserve of assets that may be used to satisfy wants and needs (Kandel & Merrick, 2007; Ali et al., 2020). In contrast, Dunst, Trivette, and Deal (1994) characterize the formal system in terms of multiple assistance domains, including structural, functional, and fulfilment. To measure the effectiveness of a support system, the functional index refers to the type of help and the type and quality of support. In contrast, the structural index refers to the frequency of interactions and satisfaction (accessibility and availability of services, parental

involvement in care, etc.). When individuals recognize that the clinical advantages are ineffectual, they tend to exhibit discontentment. Since the support network is considered essential to family coping and directly impacts an individual's well-being, it is included in most writings on family coping. The protective function of the natural social support network in family crisis management is widely recognized. The official support network comprises health, education, and social services that can assist families with their difficulties and challenges (Dunst et al., 1994).

According to Flensburg-Madsen, Ventegodt, and Merrick's (2006) research on traumatic brain injury (TBI) patients, which has caused an increase in the proportion of survivors with a severe handicap, the support network should not only focus on patients but also on relatives who serve as caregivers. According to Flensburg-Madsen, Ventegodt, and Merrick (2006), community-based self-help groups can offer specialized support to patients and their relatives. The caregiver support group consists of relatives of TBI patients who meet with other relatives of TBI patients. The support group can provide a venue for exchanging care-related views and experiences to help the patient's rehabilitation. According to Flensburg-Madsen, Ventegodt, and Merrick (2005), the family must maintain a positive and supportive attitude to maintain optimism that the patient will recover. Family support groups are crucial to promoting patient acceptance and care planning (Michie and Skinner, 2010). 78% of responders caring for TBI patients reported that participation in the support group reduced their caregiving load. Additionally, they wished to establish more self-help groups to benefit patients and their families.

The caregiver of the TBI patient requires substantial emotional and social support (Flensburg-Madsen et al., 2005; Kandel & Merrick, 2007; Rashid et al., 2020). Dealing with all parts of caregiving may be incredibly taxing, which is why family members are vital for caregivers (Flensburg-Madsen et al., 2005). A lack of emotional and social support might severely affect life quality (DeBaillie, 2014). Caregivers must juggle other obligations besides providing care for the TBI patient. This massive undertaking is likely to stress them out. Getting emotional and physical support from others helps a mother maintain motivation and manage stress. The family's ability to care for a TBI patient is proportionate to the amount of emotional and social support they get. This guidance is beneficial when dealing with a TBI patient's personality changes. Even when the family is aware that the patient's behavioural changes result from mental illness, they may find them distressing. Families caring for patients with TBI require emotional and social support, particularly from a health and social agencies (Flensburg-Madsen et al., 2006). Flensburg-Madsen, Ventegodt, and Merrick (2005) suggested that families seek the

support of physicians, nurses, and social workers to ensure the efficacy of the care they deliver. In addition, support can establish a positive environment since professional help fosters trust and confidence, allowing the family to continue the TBI patient's therapy and recovery.

In addition, social welfare, the government, and non-governmental organizations (NGOs) must implement intervention programs to advocate for social support (Hassan, 2022). The objective is to showcase the capacity of children with handicaps to improve inventive outcomes and boost practical learning (Goulden, 2021; Ali et al., 2020). The collaboration between parents with the government, and other social health agencies to record social support ways to help educators (Kishore and Cooper, 2022). This is also a staff development initiative to reduce and raise the occurrence of mental illness in the classroom. Effectively, the acquisition of productive behaviours fostered problematic behaviours. In addition, research focuses on the functional analysis of handicapped children (Bouck & Joshi, 2012; Walker & Barry, 2018). Multiple studies have demonstrated that children with handicaps endure individual misfortune due to discontentment with their condition (Shields, Murdoch, Loy, Dodd & Taylor, 2006). In contrast, Blyth and Gardner (2007) found that the potential of financial and emotional aid, employment, and recruiting for children with impairments and their families enhanced their satisfaction.

Research has identified an association between interpersonal difficulties, unnecessary tension, and low self-regard among people with handicaps (Alias, Ghafar, and Azizan, 2019; Claudia and Luminița, 2020; Park and Lee, 2022). Others state that kin of children with handicaps need the initiative to help solve problems (Aytekin, 2016; Kovalckova, Banovcinova, & Levicka, 2020; Nuri, Aldersey, Ghahari, & Huque, 2016). Adoption must be an early intervention to support the early developmental skills of the disabled child and prevent future damage. Adoption training can also act as a type of help. The social work profession should encourage laws that encourage collaboration with social welfare and other organizations that emphasize organizational development to ensure employees can provide adoption placement assistance. It shows that the parties' cooperation can promote mediation's effectiveness (Woodman-Worrell & Higgins, 2019).

The Environment

The ecological approaches influence an individual's daily life through the individual's perception of their current circumstance, exploring factors like work, transportation, and housework, as well as security-related factors (extreme climate, racial separation, etc.) (Ismail & Amin, 2020). Culture and values influenced the formative family methodologies in the management of children with handicaps. Cultural objectives and moral

ideals associated with the notion of parenthood and the evolution of cohabitation prescribe the scripts necessary to attain these objectives. For instance, religious ideals serve to interpret and give meaning to disability. Moreover, living in a religious community frequently provides a support network that facilitates day-to-day administration. Nevertheless, family values can also result in negative perceptions of the circumstance, such as the sense of infirmity as punishment. Religious belief is commonly believed to facilitate family adjustment because it gives a framework for emotional and mental handling (Weiss, 1991; Singh et al., 2019).

Elaborating on humanity's approach to anomalous conditions, it is essential to identify the social direction to determine who separates and is embraced, who stays at home, and who is estranged (Weiss, 1991). To define situations such as the neglect of children in hospitals, abandonment, and even maltreatment of developmentally handicapped children, Weiss describes how parenting behaviour can conform to cultural norms and defines children as parental responsibilities so long as they do not threaten the guardians' societal position and public activity. In this context, the term 'connection' refers to the process through which a child born with a disability does not conform to these models; hence, there is no link between the parent and child. Weiss used the term of experiencing an anomalous state, which is partly connected to the pervasive demand for mental order and the precise boundaries between "human" and "not human" in analysing various parental responses when threatened. When adults establish themselves as the opposite of the "lower" group, formatively handicapped children pose a significant threat to their cognitive order, the sense of self, and the sense of identity (Bakar, Alsmadi & Sulaiman, 2021). According to this explanation, placing these children in the care of individuals other than their parents is preferable, as self-definition from unrelated parental is not prone to similar weakness.

Nevertheless, we should take caution when ascribing family functioning to moral, religious, or cultural elements. Studies undertaken in Israel reveal that the various perspectives of ethnic and religious groups are frequently the consequence of the interaction of several variables, only some of which are associated with religious, cultural, or ethnic traditions. In Western culture, mothers strived to match their guilty behaviour to society's moral standards and ideals in maternal interactions with handicapped children. In Western culture, however, shame is the predominant emotion. It is because Westerners are preoccupied with avoiding feelings of guilt and negative evaluation, that they tend to see deviant or distinctive behaviour or physical characteristics negatively. Accordingly, the significance of ethnic, cultural, or public elements concerning Israel's attitudes toward people

with developmental disabilities is neither clear nor unambiguous, and no single variable relating to ethnicity, culture, or religion adequately describes the contrast in perspectives toward disabled people (Flensburg Madsen et al., 2006).

The research supported environmental elements that foster functional creativity in children with handicaps. Additionally, family characteristics impact the creative output of children with handicaps. The environment strengthened the technique necessary for the development of the creative function. The family structures and the creative talents of the disabled compel the use of progressive learning strategies that enhance their creative performance (Hoffmann & Muttarak, 2020). Involving children with handicaps in user interactions with their friends and community boosts sentiments of warmth and acceptance, enhancing creative and learning output.

Weiss suggests a link between cultural features and environmental circumstances, such as the predominance of support networks (Weiss, 199). She says a correlation has been established between a person's faith and ability to accept their handicapped child, but she feels that other variables may explain this association. A study of ultra-Orthodox Jewish families indicated that guardians utilized several support networks, including interactions with grandparents, family dialogues, and chats with education and health professionals (Levy-Shiff & Shulman, 1998). Spiritual support contributes to parental acceptance and adjustment of their impaired kid, according to Laser (1995).

Peer Support

During the 1960s, a school implemented a symbolic reward framework that assisted teachers in grading students with handicaps and encouraged academic conduct among educators who worked hard to acquire further support (Shakespeare, Peterkin, & Bournes, 2018). A service organization may establish a communication and collaboration mechanism between teachers, guardians, and children with disability (Tan, Kasiveloo & Abdullah, 2022).

A programmer created an activity to assist teachers in supporting students with learning disabilities and information acquisition difficulties. The programmer acquires a comprehension of the learning task, instructional methodologies, and educational resources for children with handicaps and their typically developing classmates (Pribesh et al., 2019). The activity increases the impaired participants' awareness of various learning styles. The purpose of this action is to evaluate the learner's attitude toward the learning task, to identify the educator's behaviour and teaching strategies, to identify the reaction of individual students with handicaps, and to demonstrate the

learner's learning styles concerning the reaction of the individual child with handicaps (Chalfant, 1977). To be self-sufficient, particularly for handicapped individuals, they must be employed and have a job. Employers' requirement for a support system must play an important role in developing curriculum and work progress systems in pre-employment programs (Efmov, Lengen, Kordsmeyer, Harth, & Mache, 2022).

Most interventions enhanced non-disabled peers' tutoring abilities and positive attitudes (Cerino, 2021). There is evidence that contacts between non-disabled friends and students with impairments are vital to a practical result. Employer tax incentives to employ "target groups" and make necessary adaptations to the workplace must proceed (Bonaccio, Connelly, Gellatly, Jetha, & Ginis, 2020; Vornholt et al., 2018). It is necessary to rebuild social work positions to enhance complicated interactions with parents and other caregivers. The delivery of social health services to parents, caregivers, and children with handicaps is predicated on teamwork amongst specialists. It focuses primarily on enhancing impaired individuals' fearlessness, self-improvement, and their caretakers' critical thinking skills (Bakar & Osman, 2022; Bloch & Seitz, 1989).

Moreover, the role of educators and school counsellors in giving help at school to impaired children who did not receive sufficient support at home has been progressing in the existence of handicapped children (Hassan et al., 2022). Counsellors and educators familiar with the essential necessities of children with handicaps and their families can provide tremendous assistance (Barber & Mueller, 2011). The outcome of this review will benefit and assist families and students with handicaps. It will emphasize cooperation among experts to provide social medical care to the handicapped child and their families to promote their self-esteem, self-improvement, and valuable abilities (Halder & Datta, 2012).

CONCLUSION

In conclusion, healthy individuals need to develop a peaceful and harmonious society. Occasionally, though the family faces unanticipated health concerns. Families are then expected to accept primary care obligations for impaired family members. According to the review, families with bad support experience physical and psychological stress. To promote the social functioning and well-being of the caregiver, health professionals must assist the family in fulfilling their social and caring responsibilities. The literature tends to minimize the significance of guardians, families, and their interactions with children with developmental disabilities. The review of parental coping techniques reveals various patterns, ranging from crisis and grief reactions to

acceptance reactions. The most frequently reported feelings are guilt, denial, despair, overprotective tendencies, depression, and parental acceptance. In the past, research tended to concentrate on dysfunctional family crisis management and assumed that family responses to the birth of a disabled child were uniform; however, there is now a stronger emphasis on effective family crisis management. The rule of normalization, the concept of integrating handicapped people in the community, and even the development model all added to this shift in attitudes toward managing the birth of a handicapped child in the family and the evolution of an approach that acknowledges a variety of parental responses. Even though most parents experience at least one of the crises described in the literature, such as the crisis of transition, the crisis of values, and the crisis of reality, the majority can adapt to reality and develop coping mechanisms. Families in an unbalanced state can be assisted by a professional's assessment of their problems and comprehension of the normalcy of crisis response.

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